

Mary McLean, Ph.D., University of Wisconsin, Milwaukee

The population of children and families in the United States who receive early childhood education or early childhood special education services is becoming increasingly diverse (Children's Defense Fund, 1989). It has been estimated that by the year 2000, there will be 5.2 million preschoolers from other than English speaking homes (Kagan & Garcia, 1991). The evaluation and assessment of young children who are culturally and linguistically diverse presents significant challenges to early childhood professionals. When the outcome of assessment is determination of eligibility for special education services, the cost of error is greatly increased. The fact that the number of children in special education who are culturally and linguistically diverse is higher than expected may be reflective of the potential for error in the assessment process (Yansen & Shulman, 1996). It is also possible, however, for children who need early intervention services to go unserved because of the difficulty of distinguishing between cultural and linguistic differences and the presence of a disability. Screening and assessment practices must be carefully evaluated in terms of cultural or language biases that could cause either over- or underrepresentation of children from various cultural and linguistic groups.

Assessing Young Children for Whom English Is a Second Language

Linguistic Diversity

All young children in the age range of birth through age eight are still in the process of acquiring their first language. The effect of acquiring a second language on a child's language, cognitive, and social development can be quite complex. Professionals who engage in the assessment of young children who are learning English as a second language frequently experience frustration in the selection of appropriate assessment instruments and strategies. There are suggested guidelines, however, which can help the assessment team plan and implement assessment procedures in a way that will yield diagnostically helpful information.

Children who are bilingual are a heterogeneous group; the degree of proficiency achieved in both languages will vary depending on when and how extensively the child has been exposed to the languages. Bilingualism is often described according to the age of acquisition of the second language, environmental influences on the language, and the degree of proficiency in the languages.

"Simultaneous bilin-

gualism" refers to the child who has heard two languages since birth; "preschool successive bilingualism" refers to the child who learns a second language after age three; "school-age successive bilingualism" refers to

the child who learns another language after the age of five (Moore & Beatty, 1995).

Kayser (1989) reminds us that the degree of bilingual proficiency actually achieved by a child will depend on many factors, including linguistic, social, emotional, political, demographic, and cultural factors. It has also been suggested that the match between teaching style and learning style may be a factor once children are in educational programs (Barrera, 1993; Kayser, 1993). While in the past it was believed that learning a second language may be detrimental to the development of the child's first language, it is now generally believed that bilingualism may actually enhance cognitive and social development (Hakuta, 1986; McCardle, Kim, Grube, & Randall, 1995). However, the possibility that learning a second language may actually result

in a temporary lack of proficiency in both languages is very real and must be seriously considered as assessment teams are evaluating a child for a possible language delay or disorder (Schiff-Meyers, 1992).

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Similarly, as indicated previously, a lack of proficiency or delay in the native language also is not sufficient reason for making a referral. In considering whether or not to refer a young child who is

learning English as a second language for assessment for special education, early childhood educators should consider whether the child is having difficulty communicating effectively at home or in the cultural community. Observations of the child's progress or lack of progress in learning English in comparison to peers who are also learning English should also be considered (Billings, Pearson, Gill, & Shureen, 1997). However, once the decision is made to refer a child for assessment, much information needs to be gathered so the assessment team can make an informed decision.

Assessment procedures for children who are linguistically diverse must by necessity be different from typical assessment procedures (Lund & Duchan, 1993; Mattes & Omark, 1991; Roseberry-McKibben, 1994). Many of the recommended practices for children who are English monolingual are also recommended for children who are learning English as a second language. For example, using multiple measures, gathering information in a natural environment, using a multidisciplinary team approach, and using a family-centered approach are all recommended (Bondurant-Utz, 1994).

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However, the necessity of achieving assessment results that are not biased by the child's language or cultural diversity will require careful selection of instruments and strategies. The linguistic background of the child must be understood so the team can consider the possibility of language loss or arrested language development due to the development of the second language (Schiff-Meyers, 1992).

According to Yansen and Shulman (1996), the team must follow a sequential process of assessment with children who are linguistically diverse which begins with assessing the child's language dominance and proficiency of skills in all languages. Language proficiency refers to the child's fluency and competence in using a particular language. Language dominance refers to the language the child prefers to speak and that the child speaks most proficiently at the time of assessment (Roseberry-McKibben, 1994). Since the Individuals with Disabilities Education Act (IDEA) requires testing to be done in the language or mode of communication in which the child is most proficient, most school systems

administer a language dominance measure to determine which language should be used for assessment.

Unfortunately, determining language dominance can be quite complex and frequently cannot be reduced to a simple test of language skill in two languages (Kayser, 1989). Language dominance may vary depending on the aspect of language that is being assessed.

In addition, the context in which the assessment is completed may affect the young child's use of language. Roseberry-McKibben (1994) suggests measuring proficiency should consist of: (1) completion of a language background questionnaire by the parents or caregivers, (2) teacher and parent or caregiver interviews, and (3) scores on both direct language assessment and observation measures. Kayser (1989) recommends the use of a systematic and quantifiable observation procedure with support from questionnaires administered to the parents and caregivers.

However, assessing the child only in the language which appears to be the dominant language may not be the best practice. Barrera Metz (1991) stresses that children

should be assessed in both L1 (the native language or primary language) and L2 (the acquired language). She warns that the practice of testing only in the dominant language does not yield all the information needed since it will not allow the assessment team to consider the effect that acquiring L2 may be having on L1.

Furthermore, rather than assessing only vocabulary and grammar in both languages, it is recommended that proficiency tests focus on communication competence which includes, according to Ortiz (1984), the ability to use the language functionally in conversation with peers and adults both in school and at home.

For children who are learning to read and write, additional information may be needed.

Roseberry-McKibben (1994) warns that the practice of assessing proficiency only in speaking and listening, as opposed to reading and writing, may lead to misinterpretation of a child's needs.

Basic conversational skills develop more quickly in second language acquisition than written language proficiency which can take five to seven years to achieve a level commensurate with native speakers. Children who are found to be proficient in English on the basis of a

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test of conversational skills in English may have great difficulty with written English and therefore may incorrectly be found to need special education. Unless the assessment team is aware of the impact of second language learning on a child's skill with written English, the child may be incorrectly diagnosed as having a disability and therefore eligible for special education.

Gathering Prereferral Information

According to Ortiz and Maldonado-Colon (1986), the key to reducing inappropriate special education placements is to reduce inappropriate referrals for evaluation. Early childhood educators need to carefully collect and analyze information on a young child who is culturally and linguistically diverse prior to making the initial referral for assessment of eligibility for special education. Information about the child's development, the sociocultural context of the child's family, and a comparison of the child's development to the developmental patterns of other children from a similar background can be helpful. Based on the work of Billings et al. (1997) and Langdon (1989), the checklist presented in Table 1 can assist the early childhood educator in ensuring that a referral is based on complete information about the child.

Table 1:

Checklist of Information Needed Prior to Referral for Evaluation for Special Education

	Yes	No
1. Adequate information about the language dominance and proficiency of family members has been obtained and, if needed, an interpreter/translator has been identified to facilitate communication with the family.	<input type="checkbox"/>	<input type="checkbox"/>
2. Information about the language dominance and proficiency of other caregivers or children who interact routinely with the child has been identified.	<input type="checkbox"/>	<input type="checkbox"/>
3. The family has been asked to share their impressions of the child's development.	<input type="checkbox"/>	<input type="checkbox"/>
4. With the family's permission, other service providers and caregivers have been asked to share their impressions of the child's development.	<input type="checkbox"/>	<input type="checkbox"/>
5. If needed, a cultural guide has been asked to help interpret the child's behavior.	<input type="checkbox"/>	<input type="checkbox"/>
6. All developmental domains, including hearing and vision, have been screened.	<input type="checkbox"/>	<input type="checkbox"/>
7. Screening for language proficiency and dominance has been completed.	<input type="checkbox"/>	<input type="checkbox"/>
8. The child has been observed both in the early childhood setting and at home.	<input type="checkbox"/>	<input type="checkbox"/>
9. The child has had sufficient time to become accustomed to the linguistic and social environment of the early childhood setting.	<input type="checkbox"/>	<input type="checkbox"/>
10. The child's social, cognitive, and motor skills have been observed in situations where language comprehension is not required.	<input type="checkbox"/>	<input type="checkbox"/>

Selection of Instruments/Strategies

The Division for Early Childhood recommended practices for assessment (Neisworth & Bagnato, 1996) state that assessment approaches and instruments that are culturally appropriate and non-biased should be used in assessing young children. For many young children who are referred for

evaluation, identifying appropriate and nonbiased instruments and strategies is a challenge. Most instruments which are norm-referenced (i.e., standardized) have not included children who are culturally and linguistically diverse in the norming population. These instruments cannot be used fairly, then, as a measure of development for children who differ from the norming population either culturally or linguistically. Yet using

instruments which are not norm-referenced is not necessarily the solution to this problem. Most procedures for assessing young children rely on child development "milestones" taken from other tests or research (Bailey & Nabors, 1996); these milestones have typically been derived from studies involving only children from white, middle class backgrounds and therefore also may be biased.

The assessment team will need to read the examiner's manual of any instrument very carefully to determine how appropriate an instrument is for a particular child. For example, some instruments have been translated into another language, however, only English speaking children are represented in the norms. A test that has been translated may reflect a particular dialect of language and culture that is not appropriate for the child being tested. For example, in the Latino population, there are both cultural and linguistic differences among Puerto Ricans, Cubans, Mexicans, and groups from South America.

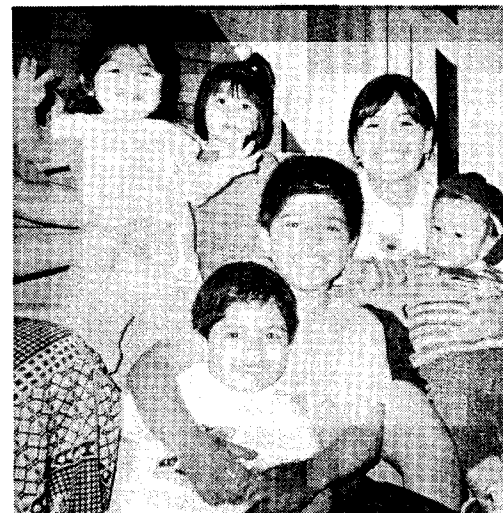
Furthermore, tests which have been written in another language and normed on a population of monolingual speakers of that language may not be appropriate for children who are bilingual or who are immersed in an English educational environment (Figueroa, 1989; Schiff-Myers, 1992). Frequently, those responsible for

assessing a child for whom English is a second language find that typical instruments and procedures cannot be used and, in fact, there is no commercially available assessment instrument which is appropriate for use. Instead, the assessment team will need to design an assessment plan which is tailored to the child being evaluated.

In addition to the typical team of professionals and family members, it will be extremely helpful to have at least one other person on the assessment team who speaks the child's language and is familiar with the child's culture, and at least one member who is experienced in bilingual education (Bondurant-Utz, 1994). For example, a school district in Wisconsin found increasing numbers of children of immigrant families from Eastern Europe referred for evaluation for special education.

For these children, the school district changed the composition of the assigned assessment teams to include an individual from the Eastern European community (hired as a Community Consultant) and also a teacher licensed in English as a second language (ESL). In this way, needed expertise was added to the assessment teams in order to plan and carry out an appropriate assessment.

It is recommended that the assessment plan include a variety of procedures including observation in school and home settings,



interviews with family members and child care providers, and, of course, careful selection and use of assessment instruments. Following are strategies which might be helpful in devising the assessment plan:

- As discussed prior, assessment of language dominance and proficiency should be completed first in order to plan further assessment.
- Informal methods, such as observations, interviews of parents and caregivers, and play-based assessment in a comfortable, familiar setting should be used in addition to or in place of more formal methods (Santos de Barona & Barona, 1991).
- Any instrument that might be used should be examined for cultural bias by a person from the child's cultural group. Modifications can be made so items will be culturally appropriate. These modifications, however, will invalidate the scoring of the instrument. In this case, the test can be used as a descriptive measure rather than for reporting scores, and the team's decision will be based on informed

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clinical opinion rather than on test scores.

- Testing might be done by a professional who is from or very knowledgeable about the child's cultural group and who speaks the same language or dialect that is the child's primary language.
- If such a professional is not available, testing might be done with the assistance of an interpreter/translator or a cultural guide who works in conjunction with the assessment team in administering and interpreting assessments.
- Additional suggestions for planning and carrying out assessment of children for whom English is a second language are available in manuals developed by the state of Washington (Billings et al., 1997) and the state of Colorado (Moore & Beatty, 1995). Both of these products contain many helpful suggestions for assessment teams. To order Billings et al., call (360) 753-6733. To order Moore and Beatty, call (303) 492-3066.

Assessment of young children from culturally and linguistically diverse populations cannot be "business as usual." Considerable information from the child and family should be obtained and considered prior to the initial referral for assessment. The assessment team must then make every

effort to tailor the assessment so it becomes appropriate for the individual child and family. Efforts to provide a culturally and linguistically appropriate assessment will help to guard against over- or underidentification of children for special education services.

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